Work Order ID 59695

Wednesday, June 09, 2010 2:30:41 PM

Item ID:	D412-724-041			
Revision ID:		**Accept**		
Item Name:	Head Rest Assembly, Center		**Setup**	**Start**

Start Date:	6/24/2010	**Start Qty:** 2.00		**Stop**
Required Date:	6/24/2010	**Req'd Qty:** 2.00	**Cust Item ID:**	
Reference:			**Customer:**	

Approvals: **Process Plan:** _M_   Date _10-6-09_ **Tooling:** _____ **Date:** _____   **Run**   **Start**

QC: _____ **Date:** _____ **SPC (Y/N):** _____ **Date:** _____   **Stop**

Sequence ID/ Work Center ID	Operation Description	Set Up/ Run Hours	Tool ID	Tool #	Plan Code	Accept Qty	Reject Qty	Reject Number	Insp. Stamp
Draw Nbr	Revision Nbr								
N/A	Rev N/A								
100 DC Document Control	DOCUMENT CONTROL	0.00							
	Memo	0.00							
	If D412-724-041 is a W/O on it's own,☐Photocopy bluefile and create labels per PPP D412-724-041 CHG001					ꝝ 10/07/05			
110 Packaging Packaging	Pick Kit	0.00							
	Memo	0.00				10·6·28			ꝛ
120 QC Quality Control	QC4- 100% Inspect kits for completeness	0.00							
	Memo	0.00 ꝝ 10/07/05				⑫			

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W/O:		WORK ORDER CHANGES						
DATE	**STEP**	**PROCEDURE CHANGE**	**By**	**Date**	**Qty**	**Approval** Chief Eng / Prod Mgr	**Approval** QC Inspector

Part No: _____ PAR #: _____ Fault Category: _____ NCR: Yes No DQA: _____ Date: _____

Resolution: _____ Disposition: _____ QA: N/C Closed: _____ Date: _____

NCR:		WORK ORDER NON-CONFORMANCE (NCR)						
DATE	**STEP**	**Description of NC** Section A	**Corrective Action** Section B			**Verification** Section C	**Approval** Chief Eng	**Approval** QC Inspector
			Initial Chief Eng	**Action Description** Chief Eng	**Sign & Date**			

NOTE: Date & initial all entries

Work Order ID 59695

Item ID:	D412-724-041
Revision ID:	
Item Name:	Head Rest Assembly, Center

Accept

Start Date:	6/24/2010	Start Qty: 2.00
Required Date:	6/24/2010	Req'd Qty: 2.00
Reference:		

| Cust Item ID: | |
| Customer: | |

| Setup | Start |
| | Stop |

Approvals:

Process Plan: _____ Date: _____ Tooling: _____ Date: _____

QC: _____ Date: _____ SPC (Y/N): _____ Date: _____

| Run | Start |
| | Stop |

Sequence ID/ Work Center ID	Operation Description	Set Up/ Run Hours	Tool ID	Tool #	Plan Code	Accept Qty	Reject Qty	Reject Number	Insp. Stamp
130		0.00							
Packaging	Packaging								
Packaging	**Memo**	0.00							
	Identify and pack for shipping as per PPP D412-724-041 ☐Location: 31 ☐PPP Rev: A								
140	QC21- Final Inspection - Work Order Release	0.00							
QC									
Quality Control	**Memo**	0.00							

(handwritten signatures and markings present: "e 2", "MF", "10-7-6")

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W/O:		WORK ORDER CHANGES						
DATE	STEP	PROCEDURE CHANGE	By	Date	Qty	Approval Chief Eng / Prod Mgr	Approval QC Inspector

Part No: _____ PAR #: _____ Fault Category: _____ NCR: Yes No DQA: _____ Date: _____

Resolution: _____ Disposition: _____ QA: N/C Closed: _____ Date: _____

NCR:		WORK ORDER NON-CONFORMANCE (NCR)						
DATE	STEP	Description of NC Section A	Corrective Action Section B			Verification Section C	Approval Chief Eng	Approval QC Inspector
			Initial Chief Eng	Action Description Chief Eng	Sign & Date			

NOTE: Date & initial all entries

Picklist Print

Wednesday, June 09, 2010 2:30:46 PM

Work Order ID: 59695

Parent Item: D412-724-041

Parent Item Name: Head Rest Assembly, Center

Comments: IPP Rev:A☐04.09.08☐New Issue☐KJ/JLM

Page 1

Start Date: 6/24/2010

Start Qty: 2.00

Required Date: 6/24/2010

Required Qty: 2.00

Component Item ID/ Item Name	Replacement Item ID	Mfg/ Purch	Bin Item	Primary Location	Last Location	Route Seq ID	Unit of Measure	Qty on Hand	Qty per Kit	Total Qty	Qty Issued	Date Issued	Status
AN525-10R6 Screw		Purchased	No			120	Each	232.0000	4	8		10·6·28	
				Location ST325	113524		**Loc Qty** 232 232						
D3303-041 Head Rest		Manufactured	No			120	Each	1.0000	1	2	B60222 107		
				Location ST186	58274		**Loc Qty** 1 1						
D3304-041 Tube Assembly		Manufactured	No			120	Each	17.0000	1	2		10·6·28	
				Location ST187	54438		**Loc Qty** 17 17						

Loc Code (columns headers noted above respective location entries)

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WORK ORDER CHANGES

W/O:								
DATE	**STEP**	**PROCEDURE CHANGE**	**By**	**Date**	**Qty**	**Approval** Chief Eng / Prod Mgr	**Approval** QC Inspector

Part No: _____ PAR #: _____ Fault Category: _____ NCR: Yes No DQA: _____ Date: _____

Resolution: _____ Disposition: _____ QA: N/C Closed: _____ Date: _____

WORK ORDER NON-CONFORMANCE (NCR)

NCR:			Corrective Action Section B			Verification Section C	Approval	Approval
DATE	**STEP**	**Description of NC** Section A	**Initial** Chief Eng	**Action Description** Chief Eng	**Sign & Date**		**Chief Eng**	**QC Inspector**

NOTE: Date & initial all entries

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Page 1

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Item Name:	Head Rest Assembly, Center			Setup Start
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Required Date:	6/24/2010	Req'd Qty: 2.00		
Reference:			Cust Item ID:	
			Customer:	

Approvals: Process Plan: _____ _*R*_ Date _10-6-09_ Tooling: _____ Date: _____ Run Start

QC: _____ Date: _____ SPC (Y/N): _____ Date: _____ Stop

Sequence ID/ Work Center ID	Operation Description	Set Up/ Run Hours	Tool ID	Tool #	Plan Code	Accept Qty	Reject Qty	Reject Number	Insp. Stamp
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N/A	Rev N/A								
100 DC Document Control	DOCUMENT CONTROL	0.00							
	Memo If D412-724-041 is a W/O on it's own, ☐Photocopy bluefile and create labels per PPP D412-724-041 CHG001	0.00							
110 Packaging Packaging	Pick Kit	0.00							
	Memo	0.00					10·6 28		
120 QC Quality Control	QC4- 100% Inspect kits for completeness	0.00							
	Memo	0.00							

REFERENCE ONLY